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| ORDER FOR | SUPPLIE | S AND SE | RVICES | IMPORTANT instructions 553.370-300- distribution | in GSAR | | PAG | E 1 OF 1 PAGE(S |
|--|------------------------|-------------------------|---|---|---|---|------------------|-----------------|
| | | 2. ORDER GSQ0515B | | 3. CONTRACT NUMBER GS05Q14BMA0011 | | 4. ACT NUMBER A2474647V | | |
| FOR 5. ACCOUNTING CLASSIF | | | ICATION | | 6. FINANCE DIVISION | | | |
| GOVERNMENT USE ONLY | FUND 299X | ORG CODE A05VR112 | B/A CODE F6 | O/C CODE 25 | AC | SS | VENDO | R NAME |
| ONLI | FUNC CODE C01 | | PROJ./PROS. NO. | CC-A | MDL | FI | G/L DEE | ЗТ |
| | W/ITEM | СС-В | PRT./CRFT | | Al | LC | DISCOL | JNT |
| 7. TO: CONTRACTO | | | | | 8. TYPE O B. DELIVER | F ORDER | | ENCE YOUR |
| DRT STRATEGIES, INC. 4245 NORTH FAIRFAX DR STE 800 ARLINGTON, VA 22203-4168 | | | | | Please furnish the following on the terms specified on both sides of the order and the attached sheets if any, including delivery as indicated. | | | |
| Jnited States 571) 482-2500 | | | | | contained of issued sub | This delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above numbered contract. | | |
| | | | | | C. MODIFI 000 TYPE OF MODIFICA | CATION NO. | AUTHO ISSUING | |
| 9A. EMPLOYER'S IDENTIFICATION 9B. CHECK, IF WITHHOLD 20 200526356 | | | | APPROP | Except as provided herein, all terms and conditions of the original order, as heretofore modified, remain unchanged. | | | |
| 10A. CLASSIFICATION Women-Owned Small Business | | | | | 10B. TYPE C. Corporat | TYPE OF BUSINESS ORGANIZATION reporation | | |
| zip code, and telephone no.) GSA Region 5 DRT STRATI Jennifer Gherardini (MANDATOR DRT STRATI 4245 NORTH | | | regies, INC. H FAIRFAX DR STE 800 N,VA 22203-4168 | | 13. SHIP TO(Consignee address, zip code and telephone no.) Crystal Somerville USDA, MS, NCTS, NSB 1400 Independence Ave., SW Washington, DC 20250-1111 United States (202) 720-7490 | | | |
| 14. PLACE OF INSP Crystal Somerville USDA, MS, NCTS, NS 1400 Independence A Washington, DC 2025 United States | SB ve., SW | D ACCEPTA | NCE | 15. REQUISITE Stephanie McI GSA Region 5 1710 Corporat OFallon, IL 62 United States (618) 622-580 | FION OFFICE Donald e Crossing 269-1111 | | bol and te | elephone no.) |
| 16. F.O.B. POINT Destination | DINT 17. GOVERN NO. | | RNMENT B/L | 18. DELIVERY F.O.B. POINT ON OR BEFORE 07/31/2015 | | 19. PAYMENT/DISCOUNT TERMS NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAYS | | |
| The purpose of thi support of the United Division (ITSD). | | | order for service | CHEDULE ces against the | first year of B | lanket Purcha | ase Agree | |
| 2. This action awards incorporated into this | | nds task orde | er 01. The contra | actor technical | and price quo | te dated 22 D | ec 14 is I | hereby |
| 3. The period of the p | | | · | gh 31 Jul 15. | | | | |
| 4. All terms and cond | | | | | | | | |
| ITEM NO. | SUPPLIE | SUPPLIES OR SERVICES | | QUANTIT ORDERE | D | | | AMOUNT |
| (A) | | (B) | | (C) | (D) | (E) | | (F) |
| (7 1) | | | | 1 | <u> </u> | | | |

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| | | TOTAL From 300-A(s) |
|---|--|--|
| 22. SHIPPING POINT Specified in QUOTE | 23. GROSS SHIP WT. | GRAND \$2,105,336.64 TOTAL |
| 24. MAIL INVOICE TO: (Include zip code) General Services Administration (FUND) | 25A. FOR INQUIRIES REGARDING PAYMENT CONTACT: GSA Finance Customer Support | 25B. TELEPHONE NO. 816-926-7287 |
| The contractor shall follow these Invoice Submission Instructions. The contractor shall submit invoices electronically by logging into the ASSIST portal (https://portal.fas.gsa.gov), navigating to the appropriate order, and | 26A. NAME OF CONTRACTING/ORDERING OFFICER (Type) Jennifer Gherardini | 26B. TELEPHONE NO. (618) 622-5808 |
| creating the invoice for that order. For additional assistance contact the ASSIST Helpdesk at 877-472-4877. Do NOT submit any | 26C. SIGNATURE Jennifer Gherardini 01/07/2015 | |
| inguites alicestato the SAA Finance Center (neither by mail nor via electronic submission). | 1. PAYING OFFICE | GSA FORM 300 (REV. 2-93) |